

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Jay Bua

Title:

REDUCTION OF BREAST DENSITY WITH 4-HYDROXY

TAMOXIFEN

Appl. No.:

Unassigned

Filing Date:

December 15, 2003

Examiner:

Unknown

Art Unit:

Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Jay Bua Oakton, Virginia

[]	Applicant claims small entity status under 37 CFR 1.27.
Enclosed are:	
[X]	Specification, Claim(s), and Abstract (31 pages).
[X]	Formal drawings (1 sheets, Figures 1).
[]	Declaration and Power of Attorney (pages).
[]	Assignment of the invention to Ascend Therapeutics, Inc
r 1	Small Entity statement

- [X] Application Data Sheet (37 CFR 1.76).
- [] Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed		Included in		Extra Claims		Rate		Fee Totals
		I	Basic Fee						70,000
Basic Fee							\$770.00	=	\$770.00
Total Claims:	12	-	20	=	0	x	\$18.00	=	\$0.00
Independents:	1	-	3	=	0	x	\$86.00	=	\$0.00
If any Multiple	Dependent	Claim	(s) present	:		+	\$290.00	=	\$0.00
Surcharge unde Executed Decla						+	\$130.00	=	\$130.00
		are pu	J 01 1.	8	100		SUBTOTAL:	=	\$900.00
[] Small Entity Fees Apply (subtract ½ of above)								=	\$0.00
				-			L FILING FEÉ:	_ =	\$900.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

FOLEY & LARDNER

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